

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000048856

**Entity Name:** CERTIFIED CUTS LLC

**Current Principal Place of Business:**

537 SE 19TH ST.  
OCALA, FL 34471

**Current Mailing Address:**

537 SE 19TH ST.  
OCALA, FL 34471 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STURGILL, STEPHEN  
537 SE 19TH ST  
OCALA, FL 34471 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            STURGILL, STEPHEN  
Address        537 SE 19TH ST.  
City-State-Zip: Ocala FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN STURGILL

AMBR

01/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date